



# EURO SPINE

## EuSSAB

Welcome to EUROSPINE's EuSSAB

Barcelona, September 2018





# 1. Welcome / Meeting Goals / Participants

Christoph Siepe  
Co-Chair Stakeholder Council

# EuSSAB – Current Status



EuSSAB Members



# EuSSAB – Current Status

Country	Institutional Member	Associate Members
Austria	Austrian Spine Society	132
Belgium	Spine Society of Belgium	276
Croatia	Croatian Society for Spinal Surgery	30
Croatia	Croatian Society of Vertebrology	197
Czech Republic	Czech Spine Surgery Society	122
Denmark	Danish Society of Spinal Surgery	82
Finland	Finnish Society of Spine Surgery	74
France	Groupe d'Etude de la Scoliose	120
France	Société Française de Chirurgie du Rachidienne	350
Germany	German Spine Society	1.571
Greece	Hellenic Spine Society	160
Hungary	Hungarian Spine Society	120
Ireland	Irish Spine Society	45
Israel	Israel Spine Society	60
Italy	Societa Italiana di chirurgia vertebrale & Gruppo Italiano Scoliosi	300
Netherlands	Dutch Spine Society	173
Norway	Norwegian Spinal Surgeon Society	41
Poland	Polish Society of Spinal Surgery	325
Portugal	Sociedade Portuguesa de patologia da coluna vertebral	108
Romania	Romanian Medical Society for Spine Surgery	60
Russia	Russian Association of Spine Surgeons	390
Slovenia	Spine Society of Slovenia	69
Spain	Sociedad Espanola de Columna Vertebral	279
Spain	Sociedad Española de Cirugía Vertebral y Medular	156
Sweden	Swedish Society of Spinal Surgeons	300
Switzerland	Swiss Society of Spinal Surgery	83
Turkey	Turkish Spine Society	343
UK	UKSSB	790
UK	Society for Back Pain Research	159
<b>TOTAL</b>		<b>6.751</b>

**Based on updates we received!**

# Barcelona Meeting Participants

Country	First Name	Last Name	Society
Belgium	Johan	van Lerbeirghe	Spine Society Belgium
Croatia	Darko	Perović	Croatian Society for Vertebrology / Hrvatsko Vertebrološko Društvo
Czech Republic	Jan	Stulik	Czech Spine Surgery Society / Česká Spondylochirurgická Společnost
Denmark	Rachid	Bech-Azeddine	Danish Society of Spinal Surgery / Dansk Rygkirurgisk Selskab
Finland	Tom	Asklöf	Finnish Society of Spine Surgery / Suomen Selkäkirurgiyhdistys
Greece	Ioannis	Magras	Hellenic Spine Society
Greece	Kostantinos	Paterakis	Hellenic Spine Society
Hungary	Aron	Lazary	Hungarian Spine Society / Gerinces
Ireland	John	Mc Cabe	Irish Spine Society
Israel	Nachshon	Knoller	Israel Spine Society
Italy	Giuseppe	Costanzo	Societa Italiana di chirurgia vertebrale & Gruppo Italiano Scoliosi
Italy	Andrea	Luca	Societa Italiana di chirurgia vertebrale & Gruppo Italiano Scoliosi

# Barcelona Meeting Participants

Country	First Name	Last Name	Society
Netherlands	Ricardo	Feller	Dutch Spine Society
Netherlands	Arnold	Vreeling	Dutch Spine Society
Norway	Roger	Trana	Norwegian Spinal Surgeon Society
Romania	Eugen Cezar	Popescu	Societatea Medicala Romana de Chirurgie Spinala
Russia	Artem	Gushcha	Association of Spinal Surgeons of Russia
Slovenia	Matevž	Topolovec	Spine Society of Slovenia
Spain	Máximo-Alberto	Díez Ulloa	GEER / Sociedad Espanola de Columna Vertebral
Spain	Alfonso	Vázquez Miguez	NEURORAQUIS / Sociedad Española de Cirugía Vertebral y Medular
Sweden	Svante	Berg	Swedish Society of Spinal Surgeons / Svensk Ryggkirurgisk Förenings
Switzerland	Raoul	Heilbronner	Swiss Society of Spinal Surgery / Schweizerische Gesellschaft für spinale Chirurgie
Turkey	Sait	Naderi	Turkish Spine Society / Türk Omurga Derneği
United Kingdom	Patrick	Statham	United Kingdom Spine Societies Board
Slovakia	Michal	Božík	Slovak Spine Society / Slovenská spondylochirurgická spoločnosť

# EuSSAB – Current Status



## EUROSPINE's EuSSAB Meeting, EUROSPINE 2018 – Barcelona, Spain

1. Welcome / Meeting Goals / Intro Participants (All)
  - 1.1. *Update from the present EuSSAB Representative* (CJ)
    - “News from across Europe” – Germany Neurosurgeons, Ortho- and Trauma surgeons unite to form one large society, the DWG*
2. SWOT-Update from the EuSSAB Spring meeting, April 2018 (JvL)



## EUROSPINE's EuSSAB Meeting, EUROSPINE 2018 – Barcelona, Spain

3. Further leverage  
How to benefit from EUROSPINE activities
  - 3.1. Certification of Spine Centres (FK)
  - 3.2. Education & Spine Tango (BL)
  - 3.3. Non-surgical activities of EUROSPINE (MN)
  - 3.4. Patient Line (PS)
4. Votes / elections and decisions to be made (CS)
5. Operational Issues (CO)
6. Core agenda points for full day EuSSAB meeting in spring 2019 (CS)



## 2. SWOT-Update from the EuSSAB Spring meeting, April 2018

Johan Van Lerbeirghe  
Past EuSSAB Representative

PLEASE SEE SEPARATE PRESENTATION



## 3. Further leverage / how to benefit from EUROSPINE activities

Frank Kandziora – EUROSPINE President  
Beat Leimbacher – Delegate to the ExCom  
Margareta Nordin – EUROSPINE Past President  
Phil Sell – EUROSPINE Patient Line



## 3.1. Certification of Spine Centres

Frank Kandziora – EUROSPINE President

**EUROSPINE's mission** is to optimize patient care

- Goal: to enhance treatment quality in spine surgery
- Idea: to develop a certification program for spine centres in Europe
- Task Force, EUROSPINE **Surgical Spine Centre of Excellence (SSCoE)**;  
members of
  - DWG (German Spine Society)
  - EUROSPINE
  - EUROSPINE Foundation

## Task Force working program:

1. Develop Guidelines for Certification of Spine Centres
2. Develop Internal Rules for the
  - Work of the Task Force
  - Certification of Spine Centres

## To achieve consensus

- 14 Spine Specialists
- 8 Countries
- 4 Delphi Rounds
- 2 Personal Meetings
- 1 year work



## Guidelines

- EUROSPINE SSCoE

## Pathologies:

- A. Degenerative diseases
- B. Tumor (including intradural pathologies)
- C. Inflammatory and metabolic diseases
- D. Injuries
- E. Deformities (including congenital disease)

### Guidelines

#### EUROSPINE Surgical Spine Centre of Excellence (SSCoE)

Defined by the EUROSPINE Task Force Surgical Spine Centre of Excellence (SSCoE)

#### 1. EUROSPINE Surgical Spine Centre of Excellence (SSCoE)

- 1.1. Only EUROSPINE members can apply in the name of their institution for receiving a certificate as a EUROSPINE Surgical Spine Centre of Excellence. Hence, at least one physician in the applying centre has to be EUROSPINE member.
- 1.2. A EUROSPINE Surgical Spine Centre of Excellence is certified for one or more specific pathologies. The pathologies that can be certified are listed in chapter 3.
- 1.3. A two-step concept was established to highlight the differences in the volume of patients treated in the certified centres.
  - EUROSPINE Surgical Spine Centre of Excellence (high volume)
  - EUROSPINE Surgical Spine Centre of Excellence (regular volume)

#### 2. Centres to be certified

- 2.1. This concept of certification was developed for centres which are focused on spine surgery.
- 2.2. The term "centre" basically characterises a highly specialised institution. A "centre" is usually supposed to have exceptional equipment, highly qualified personnel, experience and competence on its field. Its significance must be beyond normal organisation units and has to be - based on national juridical measures and common sense - of high relevance beyond its region. A EUROSPINE Surgical Spine Centre of Excellence must have such a "supra-regional" function.
- 2.3. Suitable "hospitals" hosting the centres should provide 24/7 care with the possibility to perform emergency surgeries on the spine at any time. 24/7 indicates availability over 24 hours, 7 days a week including weekends and holidays.
- 2.4. The term "hospital" and the necessity to provide in-patient treatment indicates the availability of services "on hospital ground" (campus) or in direct neighbourhood to each other and on an every-day basis.
- 2.5. Centres that perform conservative treatment only, such as pain clinics or rehabilitation clinics, are not intended to be certified under those parameters. It is planned to establish a certification process for EUROSPINE Conservative Spine Centre of Excellence (CSSCoE) in the future.
- 2.6. Only one certificate for each hospital or centre will be granted. However, the EUROSPINE Surgical Spine Centre of Excellence at one hospital can be represented by multiple clinical departments or facilities "under the same roof". The goal of this regulation is to foster interdisciplinary collaboration. An association between several hospitals or facilities of different location is not suitable. The guiding principle for this EUROSPINE Surgical Spine Centre of Excellence certificate is to provide all necessary services "under the same roof".

## Guidelines - Definition of quality criteria (1)

- Characteristics of equipment, diagnostic/therapeutic/interdisciplinary facilities
  - Baseline features: for all pathology groups  
for example: X-Ray, CT, MRI, ICU, 24/7 ER, pain treatment, etc.
  - Specific features: additional for each pathological subgroup  
for example: tumor: tumor board, angiography, scintigraphy, CT-biopsy, etc.  
for example: deformities: whole spine x-ray, IONM, etc.
- Staff and staff qualification  
EUROSPINE certificate or comparable Certification, number of personnel
- On-call duty and possibility to perform emergency surgery



## Guidelines - Definition of quality criteria (2)

- Outpatient clinic, consultation hours for spine pathologies
- Quality management  
(quality control systems, SOPs, M&M, registry (Spine Tango), etc.)
- Accreditation for a surgical training program (Neuro/ Ortho/ Trauma)
- Research and teaching, advanced training and further education
- Frequency and complexity of surgeries (min surgeries and points/pathology)

## Guidelines – Frequency and Complexity of Surgeries

- Minimum 300 surgeries
- Minimum 500 points
  - 1 point “minor” spine surgery
  - 3 points “medium” spine surgery
  - 6 points “complex” spine surgery

Pathology	A Degenerative	B Tumour	C Inflammatory	D Injuries	E Deformities
Number of Cases	200	20	15	70	30
Points	420	42	32	147	53

- EUROSPINE evaluated multiple Certification Companies
- EUROSPINE contracted CERTIQ (certification company) to handle the certification process

## CertIQ

- independent, accredited, State- and Health Ministry certified (ISO- 17021 / ISO 9001, etc.) quality controlled certification company based in Fürth/Germany

### Internal Rules and Regulations

#### EUROSPINE Task Force Surgical Spine Centre of Excellence (SSCoE)

##### 1. Preamble

The Task Force EUROSPINE Surgical Spine Centre of Excellence (SSCoE) has been established by members of EUROSPINE, the EUROSPINE Foundation and representatives of the German Spine Society (DWG) in 2017.

- 1.1. The Task Force aims to develop a certification program in order to establish a certification of spine centres in hospitals throughout Europe.
- 1.2. The goal of the project is to enhance treatment quality in spine surgery and to provide guidance for patients with spinal disorders by displaying spine centres of a certain quality.
- 1.3. First step of the project is the development of a concept for certification of hospitals and treatment facilities in spine surgery. After completion of the concept it has to be accepted by the Task Force before it will be tested. Testing will be done by 10 pilot Centres distributed throughout Europe and defined by the Task Force Surgical Spine Centre of Excellence.
- 1.4. It is the goal to establish "equivalence" between the already existing German Centre of Excellence project and the EUROSPINE Surgical Spine Centre of Excellence project.
- 1.5. If the testing will be successful, it is planned to announce the project of certification to the public before 1 January 2019 by advertising it on the EUROSPINE Social Media and the homepage of the certification company(ies).

##### 2. Guidelines for certification

- 2.1. The currently valid version of the guidelines for certification will be published at the members' section of the EUROSPINE homepage and the homepage of the certification company(ies).

##### 3. Members of the commission


- 3.1. The Task Force consists of altogether 14 members. The specialists participating in the project are listed in appendix 1.
- 3.2. The members of the Task Force and the chairman are appointed by the EUROSPINE ExCom.
- 3.3. The term of the members is 3 years. Each member can be reappointed for a second term.

##### 4. Method of certification

- 4.1. EUROSPINE will define a tender for the certification project. After evaluating the applications EUROSPINE represented by the Task Force Surgical Spine Centre of Excellence will appoint one or more certification companies that will handle the certification process in the different countries. If more than one certification-company will be appointed, their working area and responsibility will be limited to specific countries. It is the goal to avoid overlaps between the different responsibilities.
- 4.2. The application of the Spine Centres / hospitals for certification will be addressed to the appropriate certification company. The mailing address of the certification company(ies) will be published at the members section of the EUROSPINE homepage.
- 4.3. The certification company will provide an online application form through which the applicants submit their documents. The certification company will check the

## Certification Process

- Centre /Hospital applies to CertIQ ([www.cert-iq.de](http://www.cert-iq.de))
- CertIQ provides an online application form
- Centre fills out the form, submits requested documents online
- CertIQ checks the information / documents
- On-Site visit with audit will be allocated
- CertIQ produces a report including a recommendation, if the Centre has fulfilled the guidelines
- Centre receives the EUROSPINE Centre of Excellence Certificate
- Costs: ~ 5000, €
- The certificate validity of four years



Audit day: 09.08.2018	
Time	Auditors/Contents
09:15 - 10:45	Expert auditor
Location	Meeting room
Area	<p>Auditing the structure and management of the Spine Center</p> <p>Topics:</p> <ul style="list-style-type: none"> <li>Quality policy and objectives</li> <li>Organisational structure</li> <li>Executive Committee -Bylaws</li> <li>Competence Team - Interdisciplinarity in treatment</li> </ul> <p>Communications within the Spine Center</p> <p>Organisation of the out patient consultation</p> <ul style="list-style-type: none"> <li>Guarantee of availability and organisation of the on-call service</li> <li>Research activities</li> <li>Training of the medical staff: residents, fellows and board examination-trainees</li> </ul> <p>Continuing education: Doctors   Nurses   Therapists</p> <ul style="list-style-type: none"> <li>Overview of SOPs applicable for the Spine Center (operative/conservative)</li> </ul> <p>Kindly provide an overview about risk management (including CIRS), error management, complaint management of your hospital/ your spine center (for german Spine Centers: implementation of BBA-Standard)</p> <p>Outcome -Data:</p> <ul style="list-style-type: none"> <li>Kindly prepare and depict numbers (cases) according to grades of 'severity of intervention' and 'pathologies' [Criteria catalogue DWR e.V. Wirbelsäulenregister]</li> </ul> <p>Statistics on:</p> <ul style="list-style-type: none"> <li>Complications</li> <li>Infections</li> </ul> <p>Please note: A center presentation considering all above-mentioned topics will be expected.</p>
Participants	<p>Head of the Spine Center</p> <p>QMB</p> <p>Coordinators of the Spine Center</p> <p>Partner of the Spine Center</p> <p>...other participants</p> <p>Expert auditor</p>

## Why should I / my center be certified?

- to receive external, independent quality control
- to establish continuous internal quality control
- to optimize processes, structure of your center
- to advertise / display the quality of your center
- to acquire patients
- to receive payment from insurance companies
- to become a EUROSPINE Reference Center
- to be honored as “one of the best”



## CertIQ Test Audits:

- 1<sup>st</sup> Test Audit 9<sup>th</sup> August 2018, BGU Hospital Frankfurt, Germany
- 2<sup>nd</sup> Test Audit 26<sup>th</sup> August 2018, Schön Klinik Hamburg, Germany



## 10 Test Centres:

- Benneker: Inselspital, University Bern, Switzerland
- Bolger: Beaumont Private Clinic, Dublin, Ireland
- De Kleuver: Radboud University, Nijmegen, Netherlands
- Kahraman: Anadolu Center, Istanbul, Turkey
- Munting: Clinique Saint Pierre, Ottignies, Belgium
- Passuti: CHI, Nantes, France
- Pereira: Sao Joao Hospital: Porto, Portugal
- Pigott: Walton Center, Liverpool, United Kingdom
- Suchomel: Liberec Hospital, Liberec, Czech Republic
- Weber: University Hospital, Stavanger, Norway

## Further proceedings/ time line

- Audits of Test Centers (October – December 2018)
- Meeting of the TF SSCOE (18 January 2019, Frankfurt, Germany)
  
- **Open the SSCOE Project to EUSSAB : 1<sup>st</sup> February 2019**



## 3.2. Education & Spine Tango

Beat Leimbacher – Delegate to the ExCom

NO SLIDES, JUST A VERY BRIEF UPDATE ON ONGOING PROJECTS





## 3.3. Non-surgical activities of EUROSPINE

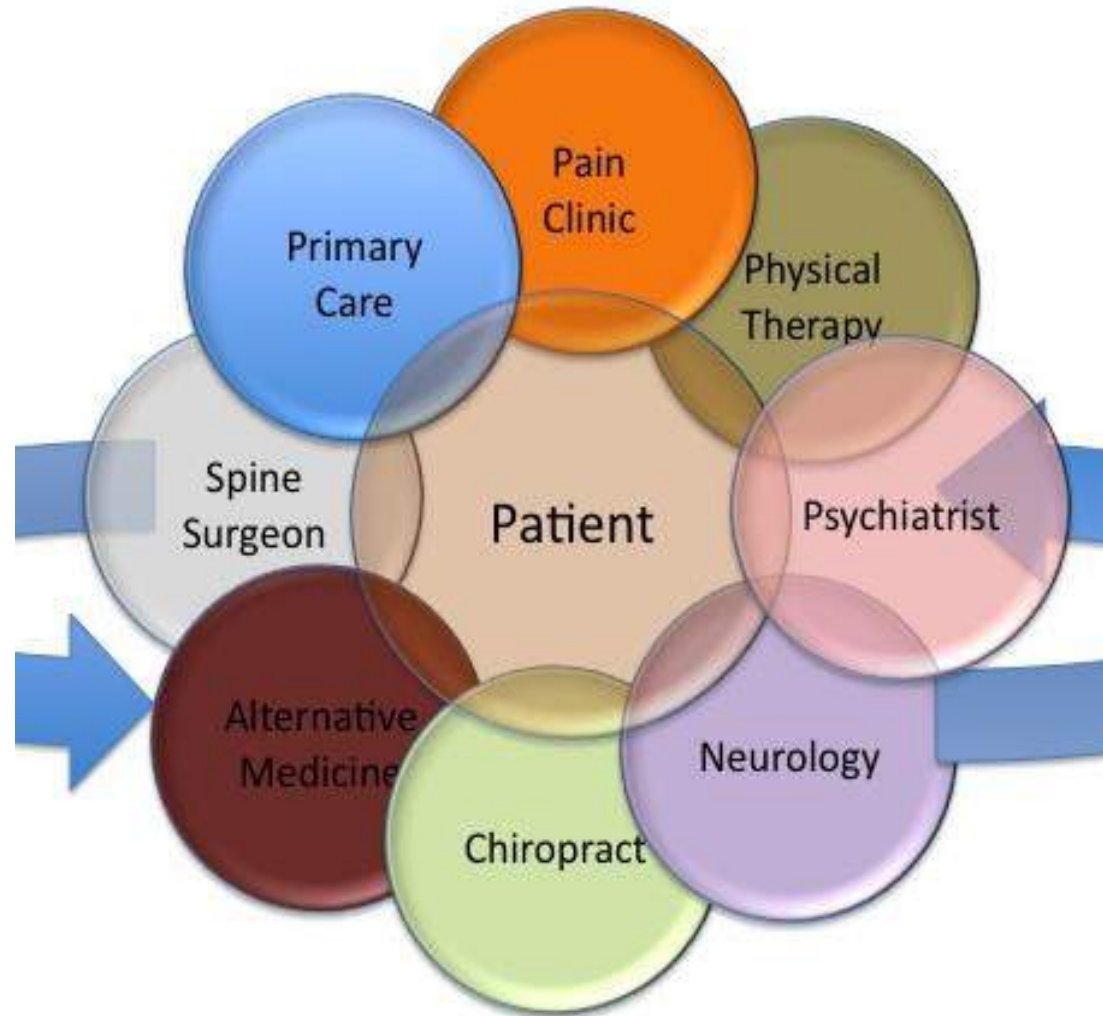
Margareta Nordin – EUROSPINE Past President

# EUROSPINE Diploma Interprofessional Spine Care (EDISC)

The surgical diploma being a true success, EUROSPINE was convinced that a non-surgical diploma would be of value for integrated care for all spine clinicians and assembled a Taskforce in the fall 2017

## EDISC is EPIC

- Evidence-based
- Patient centered
- Integrated/  
Interprofessional
- Collaborative



# EDISC Following New Evidence

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- Conservative management of spinal disorders is rapidly evolving and moving away
  - from an “intervention-centric” approach
  - to a “patient-centred” approach
- EUROSPINE is leading the way globally in changing the nature of the management of spinal conditions with EDISC.

# Members of EDISC

Margareta Nordin (Physiotherapy, France,  
Chair)

Pierre Côté (Epidemiology, Canada, Co-Chair)

Members:

Emre Acaroğlu (Spine surgery, Turkey)

Federico Balagué (Rheumatology, Switzerland)

Jamiu Busari (Pediatrics, Netherlands)

Richard Brown (Chiropractor, United Kingdom)

Stephane Genevay (Rheumatology,  
Switzerland)

Bernhard Meyer (Spine surgery, Germany)

Anette Hysten Ranhoff (Geriatrics, Norway)

Lisa Roberts (Physiotherapy, United  
Kingdom)

Rachid Salmi (Epidemiology, France)

Eva Skillgate (Naprathopathy, Sweden)

Steven Vogel (Osteopathy, United Kingdom)

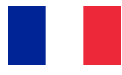
Fabio Zaina (Physiatry, Italy)

Alberto Zerbi (Radiology, Italy)

Erik Werner (Primary care, Norway)

Julie-Lyn Noël, EUROSPINE Director  
Education/Research

Sandy Sutter, Manager EUROSPINE  
Education/Research



# EDISC Programme MODULES

## Module 1 Core Skills

- Core Skills 1 Using literature to inform my practice
- Core Skills 2 Team-based approach in spine care

## Module 2 Spinal Disorders

- Spine 1 Assessment and Diagnosis
- Spine 2 Management of Spinal Pain
- Spine 3 Prevention and rehabilitation of disability

## Module 3 The Aging Patient seeking Spine Care

- The Aging Patient 1 Assessment and diagnosis
- The Aging Patient 2 Management

## Module 4 Spinal Deformities

- Spinal Deformities 1 Scoliosis during growth
- Spinal Deformities 2 Other deformities across the life course

MONDAY  
1 July 2019

- **Module 1**  
**CORE SKILLS**  
**1:** Using literature to inform my practice

TUESDAY  
2 July 2019

- **Module 1**  
**CORE SKILLS**  
**2:** Team-based approach in spine care

WEDNESDAY  
3 July 2019

- **Module 2**  
**Spine 1:** Assessment and diagnosis of spine disorders

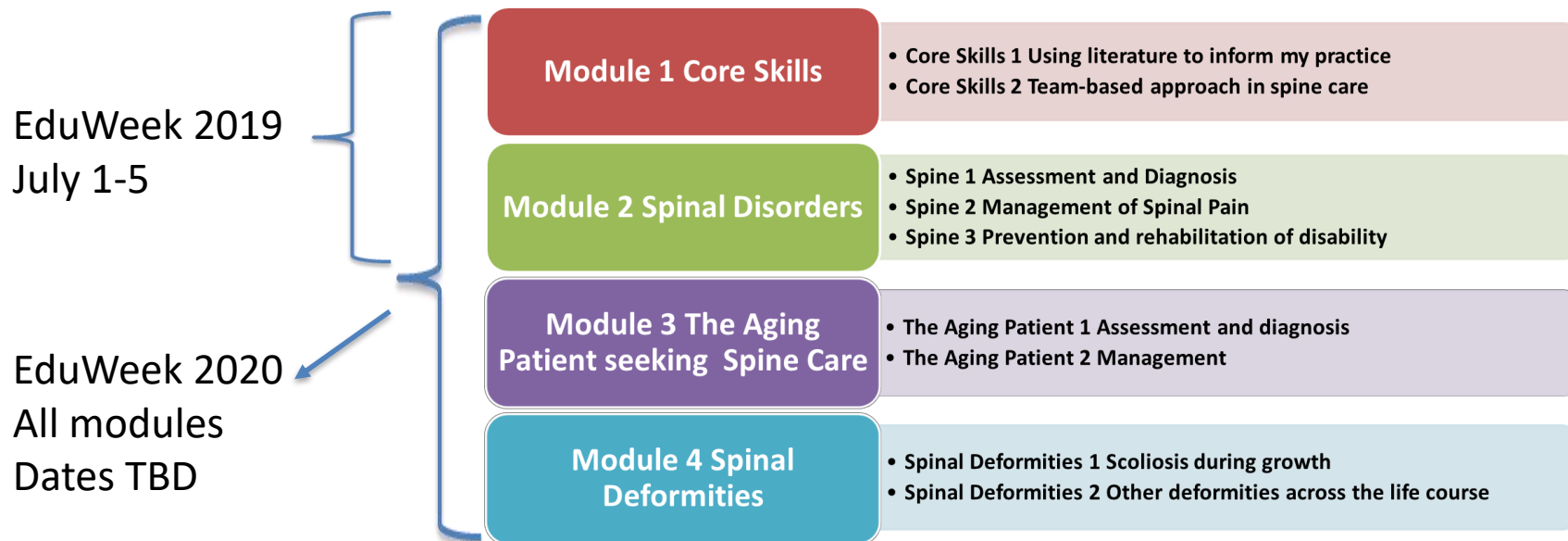
THURSDAY  
4 July 2019

- **Module 2**  
**Spine 2:** Management of spinal pain

FRIDAY  
5 July 2019

- **Module 2**  
**Spine 3:** Management and prevention of disability of spine disorders

# EDISC Roll out 2019-2020





# Current Actions

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- **Finalisation of preliminary programme (September to November 2018)**
  - EDISC meeting on 29-30 October 2018 in Geneva, Switzerland
  - Drafts of all modules completed and will be finalised at this meeting
  - Send to reviewers (ExCom, EduCom, EuSSAB, specialised reviewers)
- **Registrations**
  - Continous promotions for EDISC starting in Barcelona, Spring Specialty Meeting 2019, EduWeek 2019
  - Further continous promotions planned i.e. newsletter, targeted mail, other societies
  - Task Force members, ExCom, EduCom, EuSSAB will be encouraged to have personal promotions (sending one participant each)
  - Opening of registrations November 2018 for Eduweek 2019

# Current Actions

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- **Sponsorship funding**
  - Sponsorship prospectus in draft stages and included in the EduWeek 2019
  - Task Force members, ExCom, EduCom, EuSSAB will be asked to forward their contacts to non Medtechs companies
  - Contact pharmaceutical companies, mixing with MedTechs may be of interest
- **Sponsorship attendance**
  - One promotional article in ESJ early spring 2018 (MN and PC lead authors)
  - Link programme to all EUROSPINE EuSSAB Societies
  - Link programme to other societies if possible
  - Any other ideas from EuSSAB?

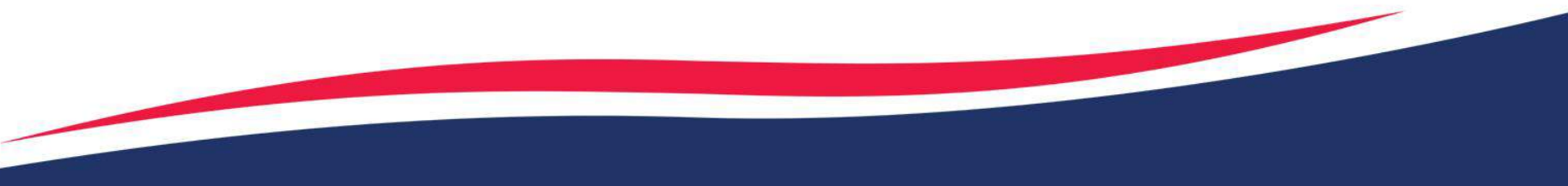
# Budget EDISC 2018-2019

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- TOTAL EXPENSES: 97'000 €
- TARGET TOTAL INCOME: 60'000 €
  - Registrations: 30'000 €
  - Sponsorships: 30'000 €
- BALANCE: -37'000 €
  - EUROSPINE investment
  - Aligned with investment done for Advanced Course for example
- Need more sponsor ships from industry

# EDISC Requests and EuSSAB

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- Please provide two reviewers preferably one non surgeon and one spine surgeon of high quality
  - Reviewer must review all modules and give comments in track mode on word file, all files will be accessible by Black Board
  - Please send the individual's contact to Margareta Nordin and Julie Noël so we can make contact right after the Annual meeting
  - Review time will be short 3 weeks in November 2018
  - If you do not have 2 reviewers we will be happy with one reviewer, the reviewer can be an associate member from EuSSAB not a EUROSPINE Member
  - EDISC need your input
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# Sample of Programme

- [download preliminary programme](#)



EUROSPINE DIPLOMA IN  
INTERPROFESSIONAL SPINE CARE (EDISC)

**MODULE 2 SPINE 1:  
ASSESSMENT AND DIAGNOSIS**

3 July 2019

PRELIMINARY PROGRAMME



## 3.4. Patient Line

Tamar Pincus – EUROSPINE Patient Line

Phil Sell – EUROSPINE Patient Line

# Achievements 2017/2018

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- Newly launched website in 4 languages (English, French, German and Spanish) with a modern look in October 2017
- By 1st of October 2018, translated to Dutch, Hebrew, Italian, and Turkish.
- New short videos Talking Heads regarding «Before Surgery»

# What is Patient Line?

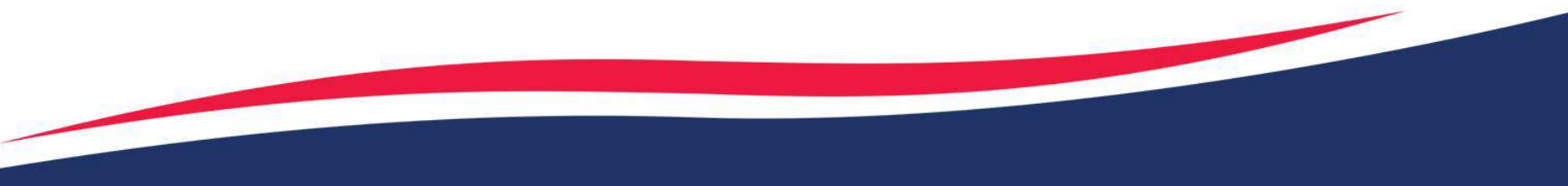
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- A patient information platform with the aim, to offer public access to the accumulated know how and expertise represented by the members of the society
- It is managed and edited by a committee of experts from different disciplines, including clinicians and researchers, and the information is based on the most recent evidence.
- It is also edited by a non-clinician.



# Goals

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- provide information that represents the high ethical standards of the EUROSPINE membership. That is, caring and compassionate.
  - Information should be of high quality and it allows freedom of choice and informed decision making for patients and care givers regardless of background.
  - continue to increase its reach to the public.
  - We believe that through this platform, patients will have better satisfaction, confidence to manage their problems and ultimately better outcomes
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# Patient Line Platform

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## FOR WHOM

- For patients to find information they want.
- For professionals to direct their patients to.

## CONTENT

- Simple, short but accurate messages.
- Where appropriate, videos.

# Why is information so important?

- Evidence that patients are reassured with information

## Research

Nicola Holt, Tamar Pincus and Steven Vogel

### Reassurance during low back pain consultations with GPs:

a qualitative study

#### Abstract

##### Background

Reassurance is commonly recommended in guidelines for the management of low back pain in primary care, although it is poorly defined, and what it means to patients remains unknown.

##### Aim

To explore how patients with low back pain perceive practitioners' reassuring behaviours during consultations.

##### Design and setting

Qualitative study undertaken with patients from nine GP surgeries in Northamptonshire, England.

##### Method

Twenty-three patients who had recently

#### INTRODUCTION

Low back pain is common,<sup>1</sup> costly,<sup>2</sup> and, if it becomes chronic, can be extremely difficult to treat effectively.<sup>3</sup> As such, preventing acute low back pain from becoming chronic is of utmost importance. Clinical guidelines commonly recommend that practitioners provide 'reassurance' to patients.<sup>4-6</sup> However, what 'reassurance' means in this context, and how to deliver it effectively, is poorly defined and under-researched.

Coia and Morley<sup>7</sup> posit a distinction between affective (emotional) reassurance, which reduces patients' anxiety immediately, and cognitive (informational) reassurance, which is slow, iterative, and assumed to have a long-term effect of increasing patient

although sometimes improving patient satisfaction, was linked to poorer patient outcomes. Cognitive reassurance, in contrast, related to improvements in symptoms and decreased healthcare utilisation, providing support for the notion that cognitive and affective reassurance may not be equally beneficial to patients.

It is necessary to understand the personal meaning of reassurance from the patient's perspective. In the qualitative studies on consultation behaviour and communication, there is a broad consensus that patients want doctors to understand their personal contexts,<sup>10,11</sup> that they value caring behaviours,<sup>12</sup> and want as much information as possible.<sup>13</sup> Patient

# Findings suggest:

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Regardless of how well the consultation goes in terms of rapport, empathy and trust-

**Patients only feel fully reassured when they receive clear information,  
About**

Aetiology

Diagnosis

And available interventions

Of their condition.

**Patient Line is structured to address exactly these points.**



- When people are in pain, it is very hard for them to take in information and making decisions (cannot be done during consultation)

[< Previous Abstract](#) | [Next Abstract >](#)

## Evidence for working memory deficits in chronic pain: A systematic review and meta-analysis

Berryman, Carolyn<sup>a</sup>; Stanton, Tasha R.<sup>a,b</sup>; Bowering, Jane K.<sup>a</sup>; Tabor, Abby<sup>a,c</sup>; McFarlane, Alexander<sup>d</sup>; Moseley, Lorimer G.<sup>a,b,\*</sup>

Section Editor(s):

PAIN: August 2013 - Volume 154 - Issue 8 - p 1181-1196  
doi: 10.1016/j.pain.2013.03.002  
Article

BUY

Abstract

Author Information

Pooled results from behavioural outcome measures of working memory show chronic pain is associated with impaired working memory. A consistent, moderate significant effect is shown in this systematic review and meta-analysis of 24 studies.

People with chronic pain commonly report impaired cognitive function. However, to date, there has been no systematic evaluation of the body of literature concerning cognitive impairment and pain. Nor have modern meta-analytical methods been used to verify and clarify the extent to which cognition may be impaired. The objective of this study was to systematically evaluate and critically appraise the literature concerning working memory function in people with chronic pain. The study was conducted along Cochrane collaboration and Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement guidelines. A sensitive search strategy was designed and conducted with the help of an expert librarian using 6 databases. Twenty-four observational studies evaluating behavioural and/or physiological outcomes in a chronic pain group and a control group met the inclusion criteria. All studies had a high risk of bias, owing primarily to lack of assessor blinding to outcome. High heterogeneity within the field was found with the inclusion of 24 papers using 21 different working memory tests encompassing 9 different working memory constructs and 9 different chronic pain populations. Notwithstanding high heterogeneity, pooled results from behavioural outcomes reflected a consistent, significant moderate effect in favour of better performance by healthy controls and, with the exception of one study, pooled results from physiological outcomes reflected no evidence for an effect. Future research would benefit from the use of clearly defined constructs of working memory, as well as standardised methods of testing.

# Findings suggest:

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- The people in pain find it harder to understand information
- That people in pain find it harder to recall information
- That people in pain find it harder to make decisions

# What is in the site?

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- For each spinal problem
  - Description
  - Diagnosis
  - Treatment
- A list of treatments with a short description for each.
- A glossary.
- Frequently asked questions and news.

# Translations

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- Currently in English, Spanish, French and German.
- Newly launched in Dutch, Hebrew, Italian and Turkish
- Each year, a further three translations.
- Our vision: To provide support for patients across Europe and beyond.
- 2019 Translations:
  - Greek
  - Polish
  - Swedish
- Translation based on the represented languages in the EUROSPINE membership
- Translation can also be done next year in 2019 if any national society will shoulder the translation costs
  - i.e. Such is the case of Hebrew
  - Approximately 4'000 EUR



# Outlook 2019: core priorities

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- Continue to provide information that represents the high ethical standards of the EUROSPINE membership. That is, caring and compassionate.
- Maintain information that is of high quality , and allows freedom of choice and informed decision making for patients and carers regardless of background.
- continue to increase its reach to the public. 3 new language translation will be done in 2019: Greek, Polish and Swedish
- We believe that through this platform, patients will have better satisfaction, confidence to manage their problems and ultimately better outcomes



## 4. Votes / elections / decisions to be made

Christoph Siepe  
Co-Chair Stakeholder Council

# EuSSAB Representative to ExCom

- To ensure optimal interaction between EuSSAB and EUROSPINE Executive Committee
- Will be invited to certain EUROSPINE ExCom meetings where relevant EuSSAB issues will be addressed
- No voting rights / permanent seat

*EuSSAB Representative*  
*EuSSAB (Vice-)Representative*

# EuSSAB Representative to ExCom



Ioannis Magras –  
EuSSAB Representative 2018/2019

First name	Last name	Society	Country	Present at the following EUSSAB meetings							
				LYON	BCN	CPH	KRK	BER	MUC	DUB	MUC
Ioannis	Magras	Hellenic Spine Society	Greece	no	no	no	yes	yes	yes	yes	yes

# Candidate EuSSAB Vice Representative



Alberto-Maximo Diez-Ulloa

- Active member of working group “SWOT Analysis” 2018
- Current President of Spanish Spine Society

First name	Last name	Society	Country	Present at the following EUSSAB meetings								
				LYON	BCN	CPH	KRK	BER	MUC	DUB	MUC	
Alberto	Diez Ulloa	Sociedad Espanola de Columna Vertebral - GEER	Spain	no	no	yes	no	yes	yes	yes	yes	yes

# Maximo-Alberto Díez Ulloa, Spain

Dear colleagues;

My name is Máximo-Alberto Díez Ulloa, since more than 25 years I have been an spine surgeon with experience in all fields of our subspeciality: degenerative pathology, deformity, tumors, trauma...from occiput to coccyx. I have directly treated near 5,000 patients. and published several personal surgical and diagnostic techniques.

It is my belief that knowledge must be thoroughly based, so I have also developed a career as basic science researcher, humble but somewhat productive. In actual fact, I have published a physiological animal model of disc degeneration and some notes on mechanobiology of MSC, anatomical remarks in spondyloarthrotic patients,...

I have always been an enthusiast on Education as I deeply feel and firmly think that for the better care of patients, future generations of doctors and health allied personnel need to be trained appropriately. I am Associate Professor at the University of Santiago de Compostela, and, besides this, an active AOSpine Educational Advisor and Faculty, a Professor for Pharmacists in Orthotics and also I have helped training ORP,s, and other Health related people.

As a result, I have been awarded two Oscars and nominated for a third one, a "social" prize voted by Medicine students, unrelated to any academic issue; besides, my course for Residents scored every year among the best qualifications and comments within the Educational Programme in my Hospital.

I would like to highlight for you one of my biggest milestones in education (together with Portuguese and Spanish friends): the Iberian Spine Diploma Course, now in its second edition, a great success which took real guts and endurance.

The future of Mankind relies on proper training of future generations in whatever the field. And I mean not just technical training, but also building up autonomous people with ethical and humane core values.



**Spanish Spine Society**

## Why should you vote for me?

Having said all that, as proof of my commitment and stamina, I would like to add being part of the team of the SWOT analysis, specifically in charge of "Threats". So, I can tell you I know the overall scenario in Europe now, that I am eager to work and because I have the knowledge and the will to carry out new policies to help improve spine care throughout Europe, I suggest voting for me would be a good choice; probably the best.

And that is all my friends, with my kindest regards.

Máximo-Alberto Díez Ulloa  
Spanish Spine Society President.

Santiago de Compostela, July 28th 2018.



- Institutional Membership ratified by EUROSPINE Excom -



Slovenská  
Spondylochirurgická  
Spoločnosť

## **Slovak Spine Society**

- founded in 1993
- 83 members (as per February 2018)
- Multidisciplinary membership: neurosurgeons, orthopaedic, traumatologists and others

PLEASE SEE SEPARATE PRESENTATION

- Institutional Membership not ratified by EUROSPINE Excom -

**Asociación Española de  
Quiropráctica**





- The Asociación Española de Quiropráctica, AEQ, was created by 5 chiropractors in 1986 and approved that year by the Ministerio del Interior (Spanish Home Office).
- The AEQ has been a full voting member of the European Chiropractors' Union (ECU) and the World Federation of Chiropractic (WFC) since its birth.
- Until today 6 chiropractors have served as AEQ presidents, being the current one **Dr Carlos Gevers**.
- The Asociación Española de Quiropráctica is the sole body that represents the chiropractors who practice in Spain and its **305 members hold a CCEI accredited degree**.

## STRUCTURE

- The AEQ is a fully democratic association. The AEQ Board of Directors is voted and elected by the AEQ members every two years.
- The Board of Directors is formed by 12 persons: President, national Vice-president, international Vice-President, Secretary, Treasurer, Ethics delegate, Education delegate and 5 regional delegates.
- The Asociación Española de Quiropráctica has its own Bylaws and Policies and its Code of Ethics. All its members must follow these regulations.

## INTER-PROFESSIONAL RELATIONSHIPS

- The AEQ has always reached out to other professions involved with the management of spine-related disorders, but the **lack of regulatory body in Spain has made this difficult.**
- For this reason, the AEQ attention has shifted to **international organizations and bodies that are usually multiprofessional, such as Eurospine.**
- With the same objective of building bridges and collaboration, the AEQ officially endorses **World Spine Care (WSC)**, has supported so far two of its member to participate as volunteers in WSC projects and has held presentations on WSC Mission and projects.



## 5. Operational Issues

Claudia Ortner – EUROSPINE Membership Relations Manager  
Christoph Siepe – Co-Chair Stakeholder Council

# Society Profiles on website

## OLD layout vs. NEW layout



### Institutional Members (EUROSPINE's EuSSAB)

Country: Austria  
Austrian Spine Society

Country: Belgium  
Spine Society of Belgium

Country: Croatia  
Croatian Croatian Society for Spine Surgery

Country: Croatia  
Croatian Society for Vertebratology

**AREA NAVIGATION**

**MEMBERS**

- > Become a member
- > Member Directory
- > EUROSPINE's EuSSAB
  - > EUROSPINE's EuSSAB - Idea & Goals
  - > Institutional Members (EUROSPINE's EuSSAB)
  - > Recent developments
- > eSociety
- > Exclusive Member Area

**NEWSLETTER**

**LATEST NEWS**

1 April 2018  
Call for nominations of officers committee positions  
We invite you to engage with the

### Institutional Members (EUROSPINE's EuSSAB)

Austrian Spine Society

Spine Society Belgium

Croatian Society for Spine Surgery

Croatian Society for Vertebratology

**AREA NAVIGATION**

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- > eSociety
- > Exclusive Member Area

# Society Profile – content, samples

## Sociedade Portuguesa de Patologia da Coluna Vertebral

Country	Portugal
Name of national society	Sociedade Portuguesa de Patologia da Coluna Vertebral
Society name - abbreviation	S.P.P.C.V.
Address of society	Escritório E03, Estrada de São Bartolomeu, 169, 1750-276 Lisboa, Portugal
President	Doctor Manuel Tavares de Matos
Vice President	Doctor Nuno Neves
Secretary	Doctor Jorge Alves
Society website	www.sppcv.org
email contact	sppcv_secretariado@yahoo.com
Social media	www.facebook.com/sociedadeportuguesa-depatologiadacolunavertebral/
Number of active members:	128
Joined EUROSPINE as institutional member	20.02.15



SPPCV Board Directors for 2017/2018

From left to right:  
Dr. Nuno Neves, Dr. Luis Caliano Cardoso, Dr. Jorge Alves, Dr. Miguel Casimiro, Dr. Bruno Santiago, Dr. Manuel Tavares de Matos



More information: [www.sppcv.org](http://www.sppcv.org)

## Austrian Spine Society

Country	Austria
Name of national society	Austrian Spine Society / Osterreichische Gesellschaft fuer Wirbelsaulechirurgie
Address of society	c/o Wirt. Med. Akademie, Alser Straße 4, 1090 Vienna, Austria
President	Prim.-Univ. Doz. Dr. Mag. Christian Bach
Vice President	Dr. Helmut Hiertz
Secretary	DI Dr. Anna Rienmüller
Society website	www.spine.at
email contact	spine@medacad.org
Number of active members:	169
Joined EUROSPINE as institutional member	23.04.15

More information: [www.spine.at](http://www.spine.at)

## Croatian Society for Vertebratology

Country	Croatia
Name of national society	Hrvatsko Vertebrolosko Društvo / Croatian Society for Vertebratology
Society name - abbreviation	HVD
Address of society	Hrvatsko Vertebrolosko Društvo, KBC Sestre Milosrdnice, Klinika Za Reumatologiju, Fizikalnu Medicinu, Rehabilitaciju, Vinogradska Cesta 29, 10000 Zagreb, Croatia
President	Professor Slimeon Grazlo, MD, PhD
Vice President	Professor Boris Bozic, MD, PhD
Secretary	Assistant Profesor Frane Grubisic, MD, PhD
Society website	www.hvd.hr
email contact	marijana.bregni@kbcsm.hr
Number of active members:	197
Joined EUROSPINE as institutional member	12.10.17



More information: [www.hvd.hr](http://www.hvd.hr)

The information presented in your society profile and the graphics depend on the input you give us!

## Sociedade Portuguesa de Patologia da Coluna Vertebral

Country	Portugal
Name of national society	Sociedade Portuguesa de Patologia da Coluna Vertebral
Society name – abbreviation	S.P.P.C.V.
Address of society	Escritório E03, Estrada de São Bartolomeu , 169, 1750-276 Lisboa, Portugal
President	Doctor Manuel Tavares de Matos
Vice President	Doctor Nuno Neves
Secretary	Doctor Jorge Alves
Society website	<a href="http://www.sppcv.org">www.sppcv.org</a>
email contact	<a href="mailto:sppcv_secretariado@yahoo.com">sppcv_secretariado@yahoo.com</a>
Social media	<a href="http://www.facebook.com/sociedadeportuguesa-depatologiadacolunavertebral/">www.facebook.com/sociedadeportuguesa-depatologiadacolunavertebral/</a>
Number of active members:	128
Joined EUROSPINE as institutional member	20.02.15

# Society Profile – content, sample



SPPCV Board Directors for 2017/2018

From left to right:

Dr. Nuno Neves, Dr. Luis Caiano Cardoso, Dr. Jorge Alves, Dr. Miguel Casimiro, Dr. Bruno Santiago,  
Dr. Manuel Tavares de Matos



**SPPCV**  
SOCIEDADE  
PORTUGUESA  
DE PATOLOGIA  
DA COLUNA  
VERTEBRAL

More information: [www.sppcv.org](http://www.sppcv.org)



# EuSSAB at EUROSPINE 2018

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- 20 years of EUROSPINE
- Presentation of history of the society and milestones in the EUROSPINE  
Time Capsule in the entrance hall
- EUROSPINE's EuSSAB is one of these milestones and therefore part of this presentation
- “What was the most important reason to join EuSSAB”  
“What is the biggest advantage you see in EuSSAB.

**THANK YOU FOR YOUR CONTRIBUTION !**



# EuSSAB at EUROSPINE 2018

## EuSSAB

**AT** The most important reason to join EuSSAB was to develop a collaborative approach to multidisciplinary spine education.  
The biggest advantage to be part of EuSSAB is to provide a spine curriculum for spine surgeons in training.  
[spine.at](http://spine.at)

**BE** The Spine Society of Belgium is an non-profit society founded by the Delgareux Spine Society, the Neurological Spine Society and the Society of Physical Medicine and Rehabilitation of Belgium. We are convinced that the future world in spinal care will be the one where specialists in spinal care will work together with the insurance companies, the government and the patients. EuSSAB and the EUROSPINE registry Spine Target provides the possibility to share knowledge and problem solving between many European countries. Moreover, EUROSPINE is the ideal platform and facilitator to bring all the members together. EUROSPINE allows the same goals of our National Spine Society: improvement of quality in spinal care, education, communication, registration, representation, guidelines and outcomes.

**HR** Membership in EUROSPINE gives the opportunity to get the most recent knowledge in the treatment of spinal diseases and support the implementation of this knowledge in our practice. The second is the opportunity to participate in high-quality research and clinical studies. Thirdly, the idea of comprehensive education and "European Spine Specialist Certification" diploma can be considered as an important aspect of the various scientific and conservative spine professionals dealing with spinal diseases. Being a member of the largest European Association for Research and Treatment of Spinal Disease is the ability of our specialist spine professionals to feel the unique part of a large network of spine professionals.

**CZ** The Czech Spine Surgery Society / Česká Společnost Chirurgů Spinocentrum joined EuSSAB in February 2011.

**DK** The Danish Society of Spine Surgery is very pleased to have joined EuSSAB. Within EuSSAB our small society will be able to exchange ideas, develop international contacts, and collaborate with our European spine surgeon colleagues, to further strengthen the field of spine surgery. Likewise, the European Spine Specialist Education, offered by EuSSAB, provides an important opportunity for the Danish spine surgeons to enroll in a course formalized sub-specialization in spine surgery.

**FI** The Finnish Society of Spine Surgery / Suomen Selkäsairauksien Seura joined EuSSAB in October 2005.

**FR** Since modern patient and the EuSSAB is a powerful European group to open discussion with EU authorities on different topics that were always abandoned in the past.  
The main advantage of EuSSAB are the possibility of discussion on the different ways of education and training in European countries. There are always good options in each country and sharing experience improves not only to enhance the teaching and training programme and also this opens the possibility for more intensive cooperation.

**SFCR** EUROSPINE is the demonstration of the improvement of knowledge through a multi-national scientific association using the Annual Meeting but also scientific meetings and surgery trainings. It is a full curriculum proposed to young spine surgeons allowing also fellowship trainings. EUROSPINE can concentrate the best meetings in the Americas and Asia.

**DE** The most important intention for the DMS to join "EUROSPINE" EuSSAB "was to strengthen the method and the field of the spine in Europe.  
The biggest advantage to be part of EuSSAB is to be part of an international community, to exchange experiences, to discuss structural differences in the management of spinal diseases and finally to harmonize the education of spine surgeons in Europe. And with EuSSAB/EUROSPINE is becoming a more "member-to-member" reality.  
Like EUROSPINE, because it is an interdisciplinary platform of science transfer and communication with different spine doctors and spine societies not only across Europe, EUROSPINE and its congress is an international meeting point of spine doctors from all over the world.



**GR** EUROSPINE constitutes, without doubt, the leading spine society in Europe. The educational role of these countries, established society, members to exchange knowledge and expertise with their colleagues in Europe through scientific meetings, and access to support programmes. But it was clear to the society leadership that a more formal and regulated connection should be established with the European spine societies which would be part of this community we worked for EuSSAB membership and were accepted in 2007. For us to be part and able to have access to research oriented and patient oriented education programme is the main reason we applied to be members of EUROSPINE's EuSSAB. The biggest advantage to be part of EuSSAB is the academic and social connections created with other institutional Members to promote our society goals and activities. We the EUROSPINE as it provides us an opportunity to enlarge our knowledge and exchange views and information with colleagues from different medical institutions. We are really not aware for our "out of the box thinking" but this can open only through exposure to other minds.

**HU** EUROSPINE is a big international family of spine professionals and supports the representation of the country's spine societies. That is why we have joined EuSSAB and support this organization. We believe in the wonderful cooperation of the efforts and the European idea.

**IE** The Irish Spine Society joined EuSSAB in August 2015.

**IL** The Israeli Spine Society has been active since its inception in refining scientific, academic and social connections with fellow spine surgeons in Europe.  
These connections, established society, members to exchange knowledge and expertise with their colleagues in Europe through scientific meetings, and access to support programmes. But it was clear to the society leadership that a more formal and regulated connection should be established with the European spine societies which would be part of this community we worked for EuSSAB membership and were accepted in 2007. For us to be part and able to have access to research oriented and patient oriented education programme is the main reason we applied to be members of EUROSPINE's EuSSAB. The biggest advantage to be part of EuSSAB is the academic and social connections created with other institutional Members to promote our society goals and activities. We the EUROSPINE as it provides us an opportunity to enlarge our knowledge and exchange views and information with colleagues from different medical institutions. We are really not aware for our "out of the box thinking" but this can open only through exposure to other minds.

**IT** ISON & GS decided to join EUROSPINE's EuSSAB since 2010 because in our mind a common vision that unifies the ideas and needs of the single national societies might enhance the best ideas coming from our world.  
Sharing ideas, searching different experiences coming from different social and political backgrounds, trying to find a common solution to our problems and protecting our community from future threats represent a permanent mission of the EuSSAB community and it is a capital that should not be discarded.  
The main reason why we like EUROSPINE is that it brings the same principles in the interable world. We definitely think that having a solid European Society might improve the overall healthcare system and the scientific research world.



**NL** The Dutch Spine Society joined EuSSAB in May 2010.

**NO** The most important reason to join EuSSAB was to ensure equal education for spine surgeons in Norway. EuSSAB's biggest advantage in the legislation it gives for improving education and to maintain professional and academic skills.  
We like EUROSPINE as it is an area for good discussions and network building.



**PL** EUROSPINE's EuSSAB - only together we can reach our goal!  
EUROSPINE - the society not only attracts spine surgeons from all over the world, but also thanks to EuSSAB promotes spine surgery in European countries. This platform helps us to get to know each other better and learn more to increase the level of spine surgery and create consensus, clear guidelines in the treatment of spine diseases.  
EuSSAB also gives a chance for less known countries to present their strategies, medical systems and finally to have EUROSPINE courses having exceeded the equivalent process.

**PT** The Sociedade Portuguesa de Prolegia da Coluna Vertebral joined EuSSAB in February 2011.

**RO** The Societatea Medicala Romana de Chirurgie Spinala joined EuSSAB in February 2011.

**RU** At the current period of development and fast growing Spine Surgery, the Russian Association can propose its focus on the concept and reality of "building bridges" between societies. EUROSPINE's EuSSAB is the best platform for such a concept, being the multidisciplinary orthopedics, traumatology and neurosurgery units, in this area of increased competition for resources for health care expenditures, and the aggressive pursuit of value-based health care decision and policy-making, linking our spine care communities for the purpose of transferring information, informing personnel and ultimately strengthening ourselves, in particular. In the last 3 decades, major bridges were, and are still being, built between the professional specialties focused on spine care.

**SI** The Spine Society of Slovenia joined EuSSAB in November 2015.

**ES** And then, by 2011, twenty-nine spine societies throughout Europe and nearby territories joined in a common effort of us today, so we may see the outcome...

29 years ago, our Society "Neurocirugía, Societat Espanyola de Cirurgia Vertebral" e Member Neurocirurgia, Spanish Society of Spinal and Spinal Cord Surgery" was born. Our beginnings were tough, trying to look for our spine among unrelated societies knowing the pathology of spine and spinal cord, such as Spanish Association of Neurosurgeons, Spanish Society of Traumatology and Orthopedics, Regener Society, and so on. Our aim was not really, not to compete, but create a new forum where different specialists (Neurosurgeons, Orthopedians, Anesthetists, Rehabilitation...) could join and share experience and knowledge in a complementary way.  
Aspirations among different steps on approaching spinal and spinal cord diseases.  
Our members Society was motivated by majority of Neurosurgeons, but soon in our net, we growing up with reinforcement of specialists from another disciplines, until they were 2015, we reach our members, 10 years of members with the recognition of the medical profession and society, with the objective of providing the best care to our patients, focusing on their requirements in this changing age.  
Our next step that may allow in this globalized new World, open our doors and windows to another societies, to the "society of societies", to Europe, to Eurospine-EuSSAB.  
We are sure that better together in a huge space of knowledge using National Societies and specialists. We can join, we can learn, we can learn from each other.  
We, Europeans, contribute to the idea of Europe as a space of development, freedom and welfare. Let's make the dream come true.  
That's the biggest advantage, and at the same time the challenge, for every Specialist involved in taking care of every patient's spine."

**SE** The Swedish Spine Surgeons Society was founded in the mid sixties and has its members almost all Orthopedic and Neurosurgeons. That do spine surgery in Sweden. We as a society decided to join the EuSSAB and therefore within EUROSPINE offers among other things a mutual and desirable education platform for young spine surgeons would benefit all. With an increasing professional mobility within Europe, a basic certified education that is given and accepted in all EUROSPINE countries seem favorable for the future. It is thus of large interest for us as a national society to be part of the process to develop such a platform.  
The society EUROSPINE is our natural and appreciated society at the next step outside our national society, that produce interesting yearly meetings, educational events and an excellent journal.

**CH** EuSSAB is a unique and powerful platform for communication between spine societies in Europe and for solving problems in spine education in Europe.  
The main reason why we like EUROSPINE is that it brings the same principles in the interable world. We definitely think that having a solid European Society might improve the overall healthcare system and the scientific research world.



**TR** United spine surgeons have been always active in European spine congresses. They were among the first members of European Spine Society, Society and European Spine Society. It still was member at large of 2005, and it has been the first Turkish member of EUROSPINE. This provided a great education for our spine surgeons such as spine surgery Spine Society, and fellowship projects. This has become a self-organizing unit with conference rooms on the basis of European and growing spine congresses on both sides. This is not the only benefit of EUROSPINE. We received many high knowledge with our other European spine professionals and experienced many amazing memories.



**UK** The United Kingdom Spine Society Board (UKSSS) is delighted to join with our European colleagues in promoting spinal surgery across Europe. We have many links with colleagues in many countries and hope to share the spirit of cooperation across our specialty, promote better patient care and the advancement of spine surgery.



**UK** EuSSAB is an important group that helps to determine the direction of education, accreditation and research within Europe. By being a part of this group UKSSS is able to help this process and contribute through the work of its members. This allows us to promote our goals and enable our members to collaborate with international partners.  
EuSSAB is a dynamic and growing society which has achieved our original mission making it unique in bringing together specialists across the spectrum. It is always looking to build on further research and allow to form international collaborations and learning.

# EUROSPINE Ambassador Programme

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**Increase active member involvement**, create awareness for our **meetings and activities** and **attract more people to attend** especially our annual meeting.

Foster **collaboration within the EUROSPINE family** and **enhance local recognition of EUROSPINE** as one of the **world's leading spine meetings** and as a **“must-attend” event for every spine specialist**.

- **Selection requirements**

- max. **1 ambassador per country** and a **maximum of 5 ambassadors in total**
- **EUROSPINE membership for at least 1 year**
- Participation in **at least 1 of our annual meetings**
- Duration upon performance, **1 year with possibility to renew**
- **Active on social media** (need to have a **facebook or twitter account**, instagram beneficial)
- **Optional: support from EuSSAB** to find members who are well integrated in both, EUROSPINE and their national societies  
(still tbd: endorsement letter provided by EUROSPINE to be signed by national society?)

- **Selection process**

- **Members** need to **apply** based on a **pre-defined profile** above
  - Handling/Decision **via MemCom**
  - **Potential kick-off** at the **annual meeting 2018** with special **member mailing**
  - **Update September 2018: first potential candidates already under review!**
- 

- **Tasks**

- Attract **meeting participants** and **potential new members**
- Actively **contribute via social media** (ex. wrap-ups 1 per day during meetings)
- In order to fulfil their tasks ambassadors will get **access to digital promotion material**
- As a general rule of cooperation, we propose a **time frame of 3 working days to answer EUROSPINE emails and fulfil tasks**

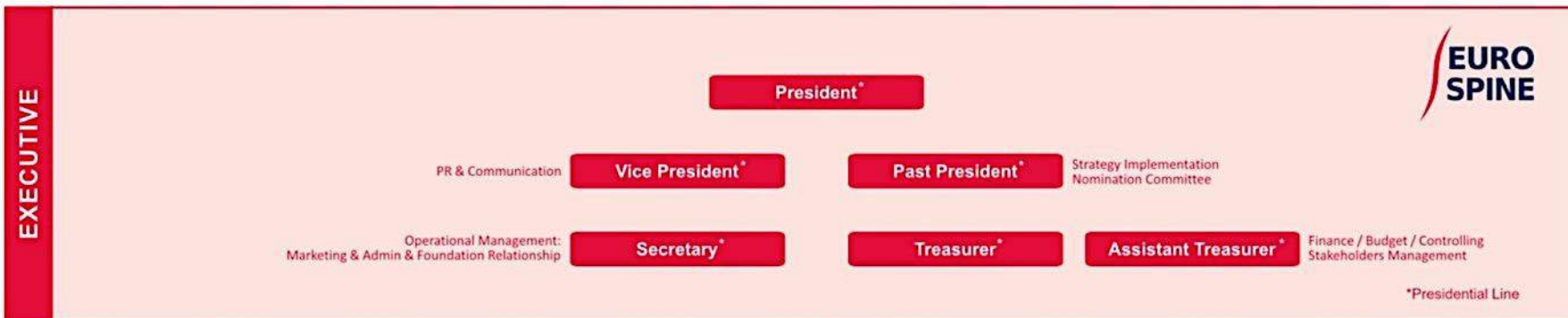
- **Tracking of performance** (in discussion)

- **Private facebook group** to communicate **updates** (EUROSPINE) and share **info about marketing activities** (ambassadors)
- **Excel sheet to keep track of activities** of the individual ambassadors

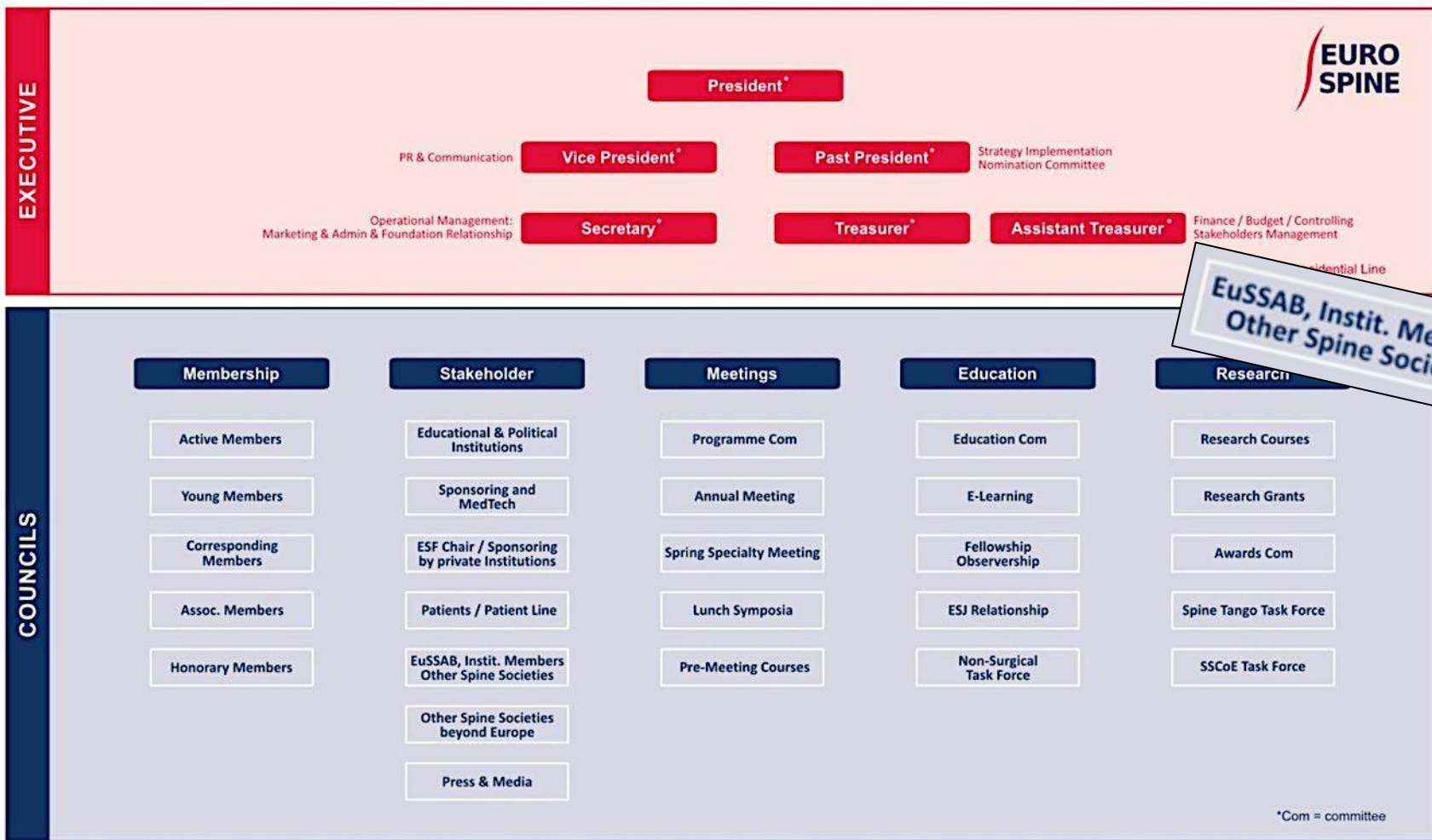
- **Benefits**

- For all: **Free registration** for the annual meeting 2019
- If marketing tasks are fulfilled: **Invitation to ExCom dinner** (1 pax)
- Optional, based on performance: €300 flat fee **travel reimbursement** (details to be defined)
- personal: **promotion => enhanced visibility** (introduction in “The Spine Times”), **++ networking**

# EuSSAB Council – new as of 2018



# EuSSAB Council – new as of 2018



- **EuSSAB Communication**
  - Communication across Europe / Mutual promotion of events
- **EuSSAB Programme:**
  - Political News from across Europe (Political Issues / Debates)
  - EuSSAB Lunch Symposium (Medical Topics)
- **EuSSAB Membership:**
  - Focus on Additional Members, Keep Updates etc
- **EuSSAB Education:**
  - Focus on Additional Members, Keep Updates etc

**Further structure and goals to be discussed...**





## 6. Core agenda points EuSSAB meeting in spring 2019

Christoph Siepe  
Co-Chair Stakeholder Council



# Upcoming EuSSAB Meeting

- ¾ Day Spring Meeting  
(Munich – doodle poll to follow soon)
- Annual Meeting (Helsinki, 2 hrs)





Thank you

